

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicants: Gerard Alan LYNCH Docket No.: 372499-00102 (336994)
Serial No.: 10/010,993 Art Unit: 3625
Filed: November 12, 2001 Examiner: Smith, Jeffrey A.
For: **METHOD FOR PRESENTING RELATED ITEMS FOR AUCTION**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- ☒ Transmitted herewith are the following documents for the above-referenced application:
- ☒ 11 Page Amendment & Response Under 37 C.F.R. § 1.111;
 - ☒ 9 Sheets of Replacement Drawings (FIGs. 1-8);
 - ☒ Information Disclosure Statement;
 - ☒ Form PTO-1449 with copies of cited references; and
 - ☒ Petition for Extension of Time (3 months).

STATUS

- ☒ Applicant claims small entity status under 37 CFR 1.27.

EXTENSION OF TIME

- ☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	<u>Extension (months)</u>	<u>Fee for other than small entity</u>	<u>Fee for small entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input checked="" type="checkbox"/>	three months	\$1,020.00	\$510.00
<input type="checkbox"/>	four months	\$1,590.00	\$795.00

Fee \$510.00

- ☒ If an additional extension of time is required please consider this a petition therefor.

CERTIFICATE OF ELECTRONIC TRANSMISSION (EFS)

CERTIFICATE OF TRANSMISSION BY ELECTRONIC FILING SYSTEM (EFS-WEB). I, Gerard Alan Lynch, certify that I am working under the authority of the certificate holder, and that this correspondence (and all attachments) is being electronically filed with the U.S. Patent & Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: April 5, 2006

Yolande Y. Turner-Owen

FEE FOR CLAIMS

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Rate	Addit. Fee	Rate	Addit. Fee
Total *	10	Minus *0*	20	=	0	X25=	\$0	X50=	\$0
Indep. *	1	Minus *0*	3	=	0	X100=	\$0	X200=	\$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+145=	\$	X290=	\$0
						TOTAL ADDIT.FEE	\$0	OR	TOTAL ADDIT. FEE
							\$0		\$0

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$0.00.

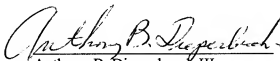
FEE PAYMENT

- ☒ Charge Account No. 50-2778 the sum of \$510 for the three (3) month extension fee.

FEE DEFICIENCY

- ☒ In the event that the indicated amount is less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Date: April 5, 2006


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